

Talking with the doctor makes it easier to deal with grief and bereavement

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In a comprehensive study, researchers from Aarhus University have demonstrated that grieving patients who receive talk therapy from a general practitioner shortly after a relative's death have a lower risk of suicide and psychiatric illness than others. Data from 207,000 Danes is included in the register-based study, which can contribute to new practices in the preventative area. The researchers studied health data on

Danes over the age of 18 who lost a child, a spouse, siblings or parents during the period 1996-2013. The results have just published in *Clinical Epidemiology*.

"The study shows that patients whose general practitioners often use talk therapy have a lower risk of suicide and other [psychological disorders](#) than others," says senior statistician and Ph.D. student, Morten Fenger-Grøn from Aarhus University, who is behind the study. The purpose of the study was to investigate the effects of early treatment with talk therapy or antidepressant medicine on grieving patients. The researchers looked at three specific consequences in connection with the grief resulting from the death of a close relative: suicide, self-harm and admission to a psychiatric hospital.

A simple comparison showed that the grieving patients who were treated with talk therapy or antidepressant medicine had an increased risk of developing psychological disorders or committing suicide. In the period from six months to two years after the bereavement, 4,584 patients (2.2 per cent) were affected by one of suicide, self-harm, or admission to a psychiatric ward, of which [suicide](#) was the rarest. Among patients who had received antidepressant treatment in the first six months, the figure was 9.1 per cent, and among patients who received talk therapy, it was 3.2 per cent.

"The question was whether these patients would have had an even greater risk if they had not received treatment," says Morten Fenger-Grøn.

To answer this question, the researchers used a new analytical approach based on the fact that there are differences between general practitioners' propensity to use different treatments. "We're talking about a so-called marginal patient, a patient that some doctors will choose to treat and others will not," says Morten Fenger-Grøn.

The study showed that the risk of a serious psychiatric condition during the grief process would be 1.7 per cent lower if the patient received talk therapy.

"It seems to document the importance of doctors having other means than scalpels and prescriptions. Our results suggest that early intervention in response to grieving [patients](#) can prevent serious psychiatric events. Unfortunately, the study cannot tell us the most effective form of therapy, or whether general practitioners are well enough prepared for the task, but it appears that taking time to talk with the patient works," he says.

The research results have been adjusted for both the patient's characteristics and the general practitioners' propensity to prescribe antidepressant medicine. The study could not, however, provide any precise measurements for the significance of antidepressant medicine in this context.

The study is a so-called population-based instrument variable study—a systematic register-based study with [health data](#) from more than 5 million Danes who had a [general practitioner](#) between 1996-2013, with special focus on the 207,000 people who experienced a serious [bereavement](#) during the period.

More information: Morten Fenger-Grøn et al, Early treatment with talk therapy or antidepressants in severely bereaved people and risk of suicidal behavior and psychiatric illness: an instrumental variable analysis, *Clinical Epidemiology* (2018). [DOI: 10.2147/CLEP.S157996](https://doi.org/10.2147/CLEP.S157996)

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